Australian Custom Pharmaceuticals

ORDER FORM

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STEPS FOR ORDERING

1. Complete this form and attach original prescription. Call 1300 853 620 to determine the cost of your new prescription.
2. Mail to PO BOX 2954 Taren Point, NSW 2229
3. Upon receipt of your ***original prescription*** and ***payment*** your medication will be sent to you by overnight courier to anywhere in Australia. The whole process taking 48 hours upon receipt of your prescription.

YOUR DETAILS:

❑ New customer ❑ Existing customer ❑ Existing customer with a new prescription

Patients Name: _____ **Date:** _____ /_____ /_____

Daytime Phone: _____ **Email:** _____

Delivery Address: _____

City: _____ **State:** _____ **PC:** _____

Special delivery instructions: _____

Authority to leave: ❑ Letterbox ❑ Meter Box ❑ Front Door ❑ Other

ORDER DETAILS:

❑ Original prescription ❑ Repeat ❑ No prescription required

MEDICATION/PRODUCT	COST
Total $	
Postage $7.95 if applicable $	
TOTAL ORDER $	

PLEASE NOTE: Your prescription repeats will be kept on file at ACP. The label of your medication will indicate the number of repeats you have remaining. If your label displays no repeats, this will indicate that you need to get a new prescription.

TROCHE FLAVOUR

❑ ACP Special
❑ ACP Tang
❑ Aniseed
❑ Apple
❑ Blackberry
❑ Butterscotch
❑ Caramel
❑ Cherry
❑ Chocolate
❑ Creme De Menthe
❑ Grape
❑ Kahlua
❑ Lemon
❑ Lemonade
❑ Lime
❑ Orange
❑ Peach
❑ Peppermint
❑ Pina Colada
❑ Raspberry
❑ Spearmint
❑ Strawberry
❑ Tutti-Frutti
❑ Vanilla

PAYMENT DETAILS:

❑ Visa ❑ MasterCard ❑ Cheque/MO ❑ In Person ❑ Direct Deposit ▸

If Direct Deposit, please post or fax confirmation of payment with order

Bank: Westpac
BSB: 032 151
Acc#: 264 827

Cardholders Name: _____

Card Number: ___ ___ ___ ___/ ___ ___ ___ ___/ ___ ___ ___ ___ /___ ___ ___ ___

CVN*: ___ ___ ___

*Located on the back of your Credit Card

Expiry Date: ___ ___/___ ___ **Signature:** _____

ACP — PO BOX 2954 Taren Point NSW 2229
P: 1300 853 620 **F:** 02 8536 4155 **E:** info@acpharm.com **W:** www.acpharm.com